## **APPLICATION DATA SHEET**

## Electronic Version v14

## Stylesheet Version v14.0

Title of Invention | BILATERAL IMAGING APPARATUS

Application Type: regular, utility

Attorney Docket Number: 147541

Correspondence address:

Customer Number: 23413

Inventors Information:

Inventor 1:

Applicant Authority Type:InventorCitizenship:USGiven Name:Bernice

Middle Name: E.

Family Name: Hoppel

Residence:

City of Residence: Delafield

State of Residence: WI
Country of Residence: US

Address-1 of Mailing Address: N2 W31610 Scuppernong Valley Ct.

Address-2 of Mailing Address:

City of Mailing Address: Delafield

State of Mailing Address: WI
Postal Code of Mailing Address: 53018
Country of Mailing Address: US

Phone: Fax:

E-mail:

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: LeRoy
Middle Name: R.

| Family Name:                    | Blawat                 |
|---------------------------------|------------------------|
| Residence:                      |                        |
| City of Residence:              | Milwaukee              |
| State of Residence:             | WI                     |
| Country of Residence:           | US                     |
| Address-1 of Mailing Address:   | 2232 E. Eden Place     |
| Address-2 of Mailing Address:   |                        |
| City of Mailing Address:        | Milwaukee              |
| State of Mailing Address:       | WI                     |
| Postal Code of Mailing Address: | 53235                  |
| Country of Mailing Address:     | US                     |
| Phone:                          |                        |
| Fax:                            |                        |
| E-mail:                         |                        |
|                                 |                        |
| Inventor 3:                     |                        |
| Applicant Authority Type:       | Inventor               |
| Citizenship:                    | US                     |
| Given Name:                     | John                   |
| Family Name:                    | Lorbiecki              |
| Residence:                      |                        |
| City of Residence:              | Hubertus               |
| State of Residence:             | WI                     |
| Country of Residence:           | US                     |
| Address-1 of Mailing Address:   | 1508 Valley View Drive |
| Address-2 of Mailing Address:   |                        |
| City of Mailing Address:        | Hubertus               |
| State of Mailing Address:       | WI                     |
| Postal Code of Mailing Address: | 53033                  |
| Country of Mailing Address:     | US                     |
| Phone:                          |                        |
| Fax:                            |                        |
| E-mail:                         |                        |
|                                 |                        |
| Inventor 4:                     | _ ,                    |
| Applicant Authority Type:       | Inventor               |
| Citizenship:                    | CA                     |
| Given Name:                     | Cynthia<br>-           |
| Middle Name:                    | F.                     |
| Family Name:                    | Maier                  |
| Residence:                      |                        |
| City of Residence:              | Wauwatosa              |

| State of Residence:             | WI                  |
|---------------------------------|---------------------|
| Country of Residence:           | US                  |
| Address-1 of Mailing Address:   | 2511 N. 95th Street |
| Address-2 of Mailing Address:   |                     |
| City of Mailing Address:        | Wauwatosa           |
| State of Mailing Address:       | WI                  |
| Postal Code of Mailing Address: | 53226               |
| Country of Mailing Address:     | US                  |
| Phone:                          |                     |
| Fax:                            |                     |
| E-mail:                         |                     |
|                                 |                     |
| Inventor 5:                     |                     |
| Applicant Authority Type:       | Inventor            |
| Citizenship:                    | US                  |
| Given Name:                     | Elisabeth           |
| Middle Name:                    | Carol               |
| Family Name:                    | Angelos             |
| Residence:                      |                     |
| City of Residence:              | Hartland            |
| State of Residence:             | WI                  |
| Country of Residence:           | US                  |
| Address-1 of Mailing Address:   | 923 Parkview Street |
| Address-2 of Mailing Address:   |                     |
| City of Mailing Address:        | Hartland            |
| State of Mailing Address:       | WI                  |
| Postal Code of Mailing Address: | 53029               |
| Country of Mailing Address:     | US                  |
| Phone:                          |                     |
| Fax:                            |                     |
| E-mail:                         |                     |
|                                 |                     |
| Inventor 6:                     |                     |
| Applicant Authority Type:       | Inventor            |
| Citizenship:                    | NL                  |
| Given Name:                     | Eddy                |
| Middle Name:                    | Benjamin            |
| Family Name:                    | Boskamp             |
| Residence:                      |                     |
| City of Residence:              | Menomonee Falls     |
| State of Residence:             | WI                  |
| Country of Residence:           | US                  |

Address-1 of Mailing Address: W168 N5083 Stonefield Road Address-2 of Mailing Address: City of Mailing Address: Menomonee Falls WI State of Mailing Address: **Postal Code of Mailing Address:** 53051 **Country of Mailing Address:** US Phone: Fax: E-mail: Publication Information: Suggested Figure for Publication -Suggested Classification -Suggested Technology Center -Total Number of Drawing Sheets - 3 Assignee 1: **Organization Name:** General Electric Company Address-1 of Mailing Address: 1 River Road Address-2 of Mailing Address: City of Mailing Address: Schenectady State of Mailing Address: NY Postal Code of Mailing Address: 12345 **Country of Mailing Address:** US Phone: Fax: E-mail: